

Case Number:	CM14-0135887		
Date Assigned:	09/03/2014	Date of Injury:	01/30/2005
Decision Date:	09/29/2014	UR Denial Date:	07/22/2014
Priority:	Standard	Application Received:	08/22/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Family Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 54 year old man who was injured at work on 1/13/2005. The injury was primarily to his neck. He is requesting review of denial for a Two Day Inpatient Stay for Removal of Retained Anterior Cervical Plate at C6-C7. The medical records corroborate ongoing care for his neck problem. The patient is status post cervical fusion at C5-6, C6-7 on 3/19/2013. Due to symptoms of chronic neck pain, a metallic taste in his mouth and difficulty swallowing, he underwent allergy testing, which was positive for titanium sensitivity. He requested removal of the anterior cervical plate. While the procedure was authorized as an outpatient, a subsequent request was submitted, on 7/15/2014, for a two-day inpatient stay.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

1 Two-day inpatient stay for removal of retained anterior cervical plate at C6-C7: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 165-194.. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck, Plate Fixation-Cervical Spine Surgery and Arnold PM, et al. Factors affecting hospital length of stay following anterior cervical discectomy and fusion. Evidence-Based Spine-Care Journal. 2011; 2(3): 11-18.

Decision rationale: There is no specific comment in the MTUS/ACOEM Guidelines for the removal of hardware after cervical spine fusion surgery. The Official Disability Guidelines comment on the use of "plate fixation during cervical spine surgery." In this statement, the ODG comment on the potential downsides to the use of a plate. They state: Potential downsides: (1) increased surgical time and cost; (2) increased potential of morbidity and mortality during revision as the plate must be removed; & (3) numerous implant related complications including esophageal erosion, injury to adjacent structures due to hardware, and adjacent level ossification. In this case, it is clear that the patient met the criteria for cervical fusion. Further, the patient has experienced well-documented complications and needs to have the titanium plate removed. These complications include a documented allergy to titanium. Authorization was given for the procedure to remove the plate; however, the treating physician subsequently requested approval for a two-day inpatient hospitalization. The above-mentioned guidelines do not comment on length of stay for hardware removal. I performed a search for Interqual criteria and there is no comment on length of stay or facility needs for hardware removal. A search of the medical literature was done on Pubmed, and there were no articles on length of stay for removal of cervical plate hardware. The literature search was notable for the following article: Arnold PM, et al. Factors affecting hospital length of stay following anterior cervical discectomy and fusion. Evidence-Based Spine-Care Journal. 2011;2(3): 11-18. In this article involving a retrospective cohort of 108 patients who underwent anterior cervical disc fusion, the mean length of stay was 1.98 days +/- 1.6 days. It would be expected that the length of stay for hardware removal should be shorter than that for anterior cervical discectomy. Further, it would be expected that the requesting physician would provide specific information to justify the need for a two-day inpatient stay. The documents provided indicate unsuccessful efforts to obtain such information from the treating physician. Given the lack of information in the guidelines and the lack of justification from the treating physician for length of stay, the request for a two-day inpatient stay is not considered as medically necessary.